

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90153 047 ***158.75

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DOCUMENT # P98000022917

1. Entity Name

SMALL FEAT, INC.

Principal Place of Business

**5623 W ATLANTIC BLVD
 POMPANO BEACH FL 33063**

Mailing Address

**5623 W ATLANTIC BLVD
 POMPANO BEACH FL 33063**

2. Principal Place of Business

5327 W. Atlantic Blvd
 Suite, Apt. #, etc.

3. Mailing Address

5327 W Atlantic Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Margate FL

City & State

Margate FL

4. FEI Number

65-0836205

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

33063

Country

Broward

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STINSON, NANCY
 5281 SW 188 AVE.
 FT. LAUDERDALE FL 33332**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and used in application.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **STINSON, NANCY**
 STREET ADDRESS **5281 SW 188 AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33332**

TITLE **D** ☐ Delete
 NAME **KEOUGH, BARBARA**
 STREET ADDRESS **18354 44TH PLACE NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Stinson 1/16/02 (954) 977-0979
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)